

<i>SERFF Tracking Number:</i>	<i>FARL-125317233</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Farmland Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026367</i>
<i>Company Tracking Number:</i>	<i>A-2007THOS-76KHJC</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers' Compensation</i>		
<i>Project Name/Number:</i>	<i>NCCI's loss cost and LCM/A-2007THOS-76KHJC</i>		

Filing at a Glance

Companies: Farmland Mutual Insurance Company, Nationwide Agribusiness Insurance Company

Product Name: Workers' Compensation	SERFF Tr Num: FARL-125317233	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: AR-PC-07-026367
Sub-TOI: 16.0004 Standard WC	Co Tr Num: A-2007THOS-76KHJC	State Status:
Filing Type: Rate	Co Status: Submitted	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: Terry Hopkins	Disposition Date: 10/11/2007
	Date Submitted: 10/09/2007	Disposition Status: Approved
Effective Date Requested (New): 01/01/2008		Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008		Effective Date (Renewal):

General Information

Project Name: NCCI's loss cost and LCM	Status of Filing in Domicile: Not Filed
Project Number: A-2007THOS-76KHJC	Domicile Status Comments:
Reference Organization: NCCI	Reference Number:
Reference Title:	Advisory Org. Circular: AR-2007-13
Filing Status Changed: 10/11/2007	
State Status Changed: 10/09/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Circular:	
AR-2007-10	

Proposed Effective Date:
01/01/2008 new and renewal business.

Loss Cost Multipliers:

Nationwide Agribusiness Insurance Company
Class Code 8116 1.183
All Others 1.306

SERFF Tracking Number:	FARL-125317233	State:	Arkansas
First Filing Company:	Farmland Mutual Insurance Company, ...	State Tracking Number:	AR-PC-07-026367
Company Tracking Number:	A-2007THOS-76KHJC		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers' Compensation		
Project Name/Number:	NCCI's loss cost and LCM/A-2007THOS-76KHJC		

Farmland Mutual Insurance Company
Class Codes 8116 1.626
All Others 1.795

Impact:

Nationwide Agribusiness Insurance Company 2.1%

Farmland Mutual Insurance Company 12.3%

Overall Impact 4.7%

Company and Contact

Filing Contact Information

Terry Hopkins, Filings Analyst	thopkins@nationwide.com
1100 Locust Street	(515) 508-3568 [Phone]
Des Moines, IA 50391-3030	(515) 508-3694[FAX]

Filing Company Information

Farmland Mutual Insurance Company	CoCode: 13838	State of Domicile: Iowa
1100 Locust Street	Group Code: 140	Company Type: Mutual
Dept 3030		
Des Moines, IA 50391-3030	Group Name:	State ID Number:
(515) 508-3618 ext. [Phone]	FEIN Number: 42-0618271	

Nationwide Agribusiness Insurance Company	CoCode: 28223	State of Domicile: Iowa
1100 Locust Street	Group Code: 140	Company Type: Stock
Dept 3030		
Des Moines, IA 50391-3030	Group Name:	State ID Number:
(515) 508-3618 ext. [Phone]	FEIN Number: 42-1015537	

Filing Fees

SERFF Tracking Number: *FARL-125317233* *State:* *Arkansas*
First Filing Company: *Farmland Mutual Insurance Company, ...* *State Tracking Number:* *AR-PC-07-026367*
Company Tracking Number: *A-2007THOS-76KHJC*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *Workers' Compensation*
Project Name/Number: *NCCI's loss cost and LCM/A-2007THOS-76KHJC*

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: \$100.00 per filing.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmland Mutual Insurance Company	\$0.00	10/09/2007	
Nationwide Agribusiness Insurance Company	\$100.00	10/09/2007	16019487

SERFF Tracking Number:	FARL-125317233	State:	Arkansas
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Company Tracking Number:	A-2007THOS-76KHJC		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers' Compensation		
Project Name/Number:	NCCI's loss cost and LCM/A-2007THOS-76KHJC		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	10/11/2007	10/11/2007

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	10/09/2007	10/09/2007	Terry Hopkins	10/10/2007	10/10/2007
Industry						
Response						

<i>SERFF Tracking Number:</i>	<i>FARL-125317233</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Farmland Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026367</i>
<i>Company Tracking Number:</i>	<i>A-2007THOS-76KHJC</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers' Compensation</i>		
<i>Project Name/Number:</i>	<i>NCCI's loss cost and LCM/A-2007THOS-76KHJC</i>		

Disposition

Disposition Date: 10/11/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

<i>SERFF Tracking Number:</i>	<i>FARL-125317233</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Farmland Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026367</i>
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<i>Product Name:</i>	<i>Workers' Compensation</i>		
<i>Project Name/Number:</i>	<i>NCCI's loss cost and LCM/A-2007THOS-76KHJC</i>		

An error occurred rendering Disposition 125270411: null.

SERFF Tracking Number: FARL-125317233 State: Arkansas
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Company Tracking Number: A-2007THOS-76KHJC
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: NCCI's loss cost and LCM/A-2007THOS-76KHJC

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 10/09/2007

Submitted Date 10/09/2007

Respond By Date

Dear Terry Hopkins,

This will acknowledge receipt of the captioned filing.

Objection 1

- NAIC Loss Cost Filing Document for Workers' Compensation (Supporting Document)
- NAIC loss cost data entry document (Supporting Document)

Comment: You have attached the NAIC Loss Cost Filing Document but none of the pages indicates to which company it applies. There should be a page entitled Workers' Compensation Loss Cost Filing Document Cover Form included before each company's Loss cost Filing Document. This can be found at http://www.naic.org/documents/loss_cost_wc_coverLC.pdf.

Please replace the NAIC Loss Cost Filing Document with the complete form.

You have included 2 NAIC Loss Cost Data Entry Documents but only the first one indicates the company name of Nationwide Agribusiness Insurance Company. Please confirm the second form is for Farmland Mutual Ins. Co.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 10/10/2007

Submitted Date 10/10/2007

Dear Carol Stiffler,

SERFF Tracking Number: FARL-125317233 State: Arkansas
First Filing Company: Farmland Mutual Insurance Company, ... State Tracking Number: AR-PC-07-026367
Company Tracking Number: A-2007THOS-76KHJC
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: NCCI's loss cost and LCM/A-2007THOS-76KHJC

Comments:

Response 1

Comments: Attached is the calculation page attached with the reference cover page.

If you need further assistance, please let me know.

Related Objection 1

Applies To:

- NAIC Loss Cost Filing Document for Workers' Compensation (Supporting Document)
- NAIC loss cost data entry document (Supporting Document)

Comment:

You have attached the NAIC Loss Cost Filing Document but none of the pages indicates to which company it applies. There should be a page entitled Workers' Compensation Loss Cost Filing Document Cover Form included before each company's Loss cost Filing Document. This can be found at http://www.naic.org/documents/loss_cost_wc_coverLC.pdf.

Please replace the NAIC Loss Cost Filing Document with the complete form.

You have included 2 NAIC Loss Cost Data Entry Documents but only the first one indicates the company name of Nationwide Agribusiness Insurance Company. Please confirm the second form is for Farmland Mutual Ins. Co.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Reference calculation

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Terry Hopkins

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<i>First Filing Company:</i>	<i>Farmland Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026367</i>
<i>Company Tracking Number:</i>	<i>A-2007THOS-76KHJC</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers' Compensation</i>		
<i>Project Name/Number:</i>	<i>NCCI's loss cost and LCM/A-2007THOS-76KHJC</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	FARL-125317233	State:	Arkansas
First Filing Company:	Farmland Mutual Insurance Company, ...	State Tracking Number:	AR-PC-07-026367
Company Tracking Number:	A-2007THOS-76KHJC		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers' Compensation		
Project Name/Number:	NCCI's loss cost and LCM/A-2007THOS-76KHJC		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	mnual Pages	AR-WC-R-1 thru Replacement 6; AR-WC-RR-1, 2		AR0108f.pdf AR0108n.pdf

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

ARKANSAS

FARMLAND MUTUAL INSURANCE COMPANY

ORIGINAL PRINTING

CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM
0005	6.12	750	1860	1.94	422	2587	2.76	533	3118	1.83	407
0008	3.75	666	1924	4.11	715	2589	2.05	437	3119	1.38	346
0016	7.88	750	1925	3.39	618	2600	6.19	750	3122	1.47	358
0034	5.37	750	2001	3.07	574	2623	3.21	593	3126	2.51	499
0035	3.12	581	2002	4.25	734	2651	2.85	545	3131	1.15	315
0036	5.19	750	2003	3.57	642	2660	2.01	431	3132	2.62	514
0037	5.62	750	2014	6.73	750	2670	3.00	565	3145	2.44	489
0042	9.10	750	2016	3.09	577	2683	2.58	508	3146	3.28	603
0050	6.93	750	2021	4.27	736	2688	3.70	660	3169	3.37	615
0059D	0.38	211	2039	5.87	750	2701	10.07	750	3175D	3.72	662
0065D	0.07	169	2041	5.04	750	2702X	34.57	750	3179	3.03	569
0066D	0.07	169	2065	1.56	371	2710	10.64	750	3180	2.71	526
0067D	0.07	169	2070	6.43	750	2714	6.41	750	3188	1.81	404
0079	4.04	705	2081	5.55	750	2719X	13.97	750	3220	2.57	507
0083	10.61	750	2089	3.46	627	2731	4.68	750	3223	4.15	720
0106	17.99	750	2095	4.11	715	2735	3.81	674	3224	3.39	618
0113	6.01	750	2105	3.18	589	2759	9.50	750	3227	2.26	465
0170	3.34	611	2110	2.85	545	2790	1.80	403	3240	4.25	734
0251	6.77	750	2111	2.58	508	2802	8.27	750	3241	3.77	669
0400	10.79	750	2112	3.28	603	2812	5.55	750	3255	3.34	611
0401	15.74	750	2114	3.95	693	2835	2.12	446	3257	3.43	623
0771N	0.39	213	2121	2.51	499	2836	3.02	568	3270	5.62	750
0908P	159.76	320	2130	3.70	660	2841	5.26	750	3300	4.70	750
0913P	427.21	587	2131	2.26	465	2881	2.91	553	3303	4.63	750
0917	4.72	750	2143	2.80	538	2883	5.51	750	3307	4.54	750
1005*	12.55	750	2157	4.85	750	2913	3.97	696	3315	3.39	618
1016*	46.42	750	2172	2.75	531	2915	4.92	750	3334	3.23	596
1164E	9.19	750	2174	3.57	642	2916	3.14	584	3336	3.14	584
1165E	8.76	750	2211	6.71	750	2923	2.60	511	3365	12.40	750
1320	3.70	660	2220	2.55	504	2942	3.09	577	3372	3.48	630
1322	14.90	750	2286	1.88	414	2960	3.86	681	3373	4.34	746
1430	6.71	750	2288	5.89	750	3004	3.28	603	3383	1.24	327
1438	3.45	626	2300	2.75	531	3018	3.95	693	3385	1.13	313
1452	2.37	480	2302	2.41	485	3022	4.24	732	3400	3.30	606
1463	14.75	750	2305	3.18	589	3027	3.84	678	3507	3.73	664
1472	4.49	750	2361	1.72	392	3028	4.04	705	3515	3.02	568
1624E	9.71	750	2362	2.32	473	3030	5.33	750	3548	1.60	376
1642	4.86	750	2380	7.90	750	3040	5.30	750	3559	2.76	533
1654	10.50	750	2386	1.54	368	3041	4.58	750	3574	1.53	367
1655	5.85	750	2388	2.44	489	3042	4.15	720	3581	1.54	368
1699	2.71	526	2402	2.94	557	3064	5.92	750	3612	2.84	543
1701	4.51	750	2413	2.35	477	3069	8.60	750	3620	7.79	750
1710E	8.42	750	2416	2.44	489	3076	3.54	638	3629	2.44	489
1741E	2.24	462	2417	2.26	465	3081D	3.25	599	3632	3.95	693
1745X	3.70	660	2501	1.92	419	3082D	5.15	750	3634	2.44	489
1747	3.09	577	2503	1.72	392	3085D	3.81	674	3635	2.28	468
1748	7.23	750	2534	3.05	572	3110	3.88	684	3638	2.03	434
1803D	6.93	750	2570	6.19	750	3111	3.86	681	3642	1.18	319
1852D	2.84	543	2585	3.41	620	3113	2.76	533	3643	3.84	678
1853	3.37	615	2586	1.29	334	3114	3.27	601	3647	4.13	718

INCLUDES COPYRIGHTED MATERIAL OF NATIONAL
COUNCIL ON COMPENSATION INSURANCE WITH ITS
PERMISSION-2008

EFFECTIVE DATES:

New: 01/01/08

Renewal: 01/01/08

AR -WC-R-1

Edition: 01/01/08

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

ARKANSAS

FARMLAND MUTUAL INSURANCE COMPANY

ORIGINAL PRINTING

CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM
3648	2.69	523	4304	3.55	639	5057	20.70	750	6213	14.81	750
3681	1.80	403	4307	3.45	626	5059	29.71	750	6214	3.57	642
3685	2.35	477	4351	1.40	349	5069	28.56	750	6216	6.75	750
3719	4.34	746	4352	1.31	337	5102	5.49	750	6217	6.30	750
3724	8.56	750	4360	1.02	298	5146	6.50	750	6229	5.28	750
3726	4.58	750	4361	1.72	392	5160	5.78	750	6233	9.69	750
3803	2.37	480	4362	1.38	346	5183	4.18	724	6235	14.67	750
3807	2.05	437	4410	3.75	666	5188	6.96	750	6236	16.75	750
3808	3.50	633	4420	4.45	750	5190	4.07	709	6237	4.60	750
3821	5.39	750	4431	1.88	414	5191X	2.28	468	6251D	9.98	750
3822	3.52	635	4432	2.03	434	5192	5.13	750	6252D	9.05	750
3824	6.17	750	4439	2.39	483	5213	9.87	750	6260D	6.86	750
3826	1.33	340	4452	4.38	750	5215	5.17	750	6306	7.09	750
3827	1.53	367	4459	2.69	523	5221	5.26	750	6319	7.09	750
3830	1.47	358	4470	2.91	553	5222	12.94	750	6325	6.59	750
3851	3.66	654	4484	3.00	565	5223	7.07	750	6400	8.85	750
3865	1.65	383	4493	3.61	647	5348	4.94	750	6504	3.09	577
3881	4.86	750	4511	0.88	279	5402	6.48	750	6702M*	9.42	100
4000	9.48	750	4557	2.33	475	5403	13.19	750	6703M*	16.59	200
4021	5.74	750	4558	2.41	485	5437	6.05	750	6704M*	10.46	200
4024E	2.17	453	4561	2.44	489	5443	4.81	750	6801F	18.09	750
4034	8.81	750	4568	3.43	623	5445	6.12	750	6811	7.23	750
4036	3.37	615	4581	2.15	450	5462	7.97	750	6824F	31.27	750
4038	2.71	526	4583	5.87	750	5472	6.59	750	6826F	15.13	750
4053	4.13	718	4611	1.20	322	5473	6.71	750	6834	5.40	750
4061	5.53	750	4635	4.92	750	5474	9.33	750	6836	11.85	750
4062	4.00	700	4653	1.72	392	5478	5.73	750	6843F	20.79	750
4101	2.53	502	4665	8.74	750	5479	13.37	750	6845F	24.47	750
4111	2.98	562	4670	5.62	750	5480	13.07	750	6854	6.82	750
4112	1.22	325	4683	5.96	750	5491	2.80	538	6872F	28.25	750
4113	2.15	450	4686	1.47	358	5506	5.73	750	6874F	50.19	750
4114	3.09	577	4692	0.47	223	5507	7.49	750	6882	7.81	750
4130	7.18	750	4693	1.11	310	5508D	9.51	750	6884	17.14	750
4131	3.46	627	4703	2.96	560	5535	8.60	750	7016M	7.09	100
4133	3.30	606	4717	3.11	580	5537	7.18	750	7024M	7.88	100
4150	1.67	385	4720	5.08	750	5551	18.74	750	7038M	8.42	100
4206	5.10	750	4740	1.92	419	5606	2.53	502	7046M	37.08	200
4207	1.47	358	4741	2.30	471	5610	8.89	750	7047M	12.49	200
4239	1.71	391	4751	2.44	489	5645	14.84	750	7050M	14.83	200
4240	3.75	666	4771N	2.28	468	5651	12.03	750	7090M	9.35	100
4243	1.83	407	4777	2.26	465	5703	129.35	750	7098M	41.21	100
4244	3.02	568	4825	0.97	291	5705	6.52	750	7099M	65.32	100
4250	1.90	417	4828	1.83	407	5951	0.48	225	7133	4.51	750
4251	2.12	446	4829	1.99	429	6003	13.37	750	7151M	5.47	100
4263	3.05	572	4902	2.19	456	6005	8.81	750	7152M	9.64	100
4273	2.08	441	4923	1.45	356	6017	5.56	750	7153M	6.09	200
4279	2.26	465	5020	7.38	750	6018	2.84	543	7222	12.85	750
4282	2.78	535	5022	8.06	750	6045	3.81	674	7228X	10.07	750
4283	3.00	565	5037	22.49	750	6204	12.42	750	7229X	10.02	750
4299	1.92	419	5040	26.28	750	6206	9.57	750	7230	4.90	750

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New: 01/01/08

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AR -WC-R-2

Edition: 01/01/08

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

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ORIGINAL PRINTING

CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM
7231	10.82	750	8006	2.91	553	8601	0.90	282	9082	2.14	449
7232	18.42	750	8008	1.51	364	8606	4.65	750	9083	1.90	417
7309F	34.82	750	8010	2.78	535	8709F	10.59	750	9084	2.64	516
7313F	8.02	750	8013	0.65	248	8719	2.32	473	9089	1.71	391
7317F	12.85	750	8015	0.90	282	8720	1.54	368	9093	1.90	417
7327F	28.02	750	8017	1.54	368	8721	0.52	230	9101	3.97	696
7333M	9.55	200	8018X*	3.46	627	8726F	12.58	750	9102	3.90	687
7335M	10.61	200	8021	2.23	461	8734M	0.90	100	9154	3.18	589
7337M	16.82	200	8031	4.04	705	8737M	0.81	200	9156	1.81	404
7350F	30.43	750	8032	2.08	441	8738M	1.42	200	9170	3.03	569
7360	7.59	750	8033	2.53	502	8742X	0.66	249	9178	32.44	750
7370	6.57	750	8039	1.88	414	8745	6.05	750	9179	56.61	750
7380X	5.33	750	8044	4.15	720	8748	0.54	233	9180	5.62	750
7382	3.61	647	8045	0.59	240	8755	0.38	211	9182	3.46	627
7390	4.56	750	8046	3.68	657	8799	1.26	330	9186	70.56	750
7394M	19.15	200	8047	1.58	373	8800	1.26	330	9220	4.90	750
7395M	21.27	200	8058	3.72	662	8803	0.11	175	9402	6.82	750
7398M	33.71	200	8072	0.84	273	8805M	0.43	200	9403	8.38	750
7403X	3.66	654	8102	3.43	623	8810	0.32	203	9410	2.55	504
7405N	1.94	422	8103	6.05	750	8814M	0.39	200	9501	6.26	750
7420X*	27.95	750	8105	6.12	750	8815M	0.70	200	9505	4.60	750
7421	2.91	553	8106	5.71	750	8820	0.29	199	9516	3.66	654
7422	3.21	593	8107	5.26	750	8824	3.68	657	9519	3.20	592
7423X	3.66	654	8111	4.09	712	8825	3.05	572	9521	6.86	750
7425	4.52	750	8116	5.37	750	8826	2.93	556	9522	1.99	429
7431N	2.51	499	8203	8.01	750	8829	3.48	630	9534	9.71	750
7445N	1.04	300	8204	8.08	750	8831	3.86	681	9554	11.22	750
7453N	1.35	342	8209	3.97	696	8832	0.36	209	9586	0.95	288
7502	3.81	674	8215	7.11	750	8833X*	1.45	356	9600	2.10	444
7515	1.40	349	8227	5.64	750	8835	2.80	538	9620	1.58	373
7520	3.90	687	8232	8.35	750	8842	1.53	367			
7538	12.46	750	8233	6.30	750	8864	1.53	367			
7539	7.92	750	8235	5.28	750	8868	0.52	230			
7540	5.26	750	8263	11.85	750	8869	0.97	291			
7580	2.66	519	8264	5.26	750	8871	0.32	203			
7590	5.65	750	8265	12.48	750	8901	0.38	211			
7600	3.84	678	8279	13.48	750	9012	2.17	453			
7601	15.40	750	8288	8.74	750	9014	3.03	569			
7605	4.31	742	8291	3.18	589	9015X	3.59	645			
7610	0.61	242	8292	3.86	681	9016	6.43	750			
7611	7.63	750	8293	10.66	750	9019	4.33	745			
7612	21.23	750	8295X	7.74	750	9033	2.35	477			
7613	6.10	750	8304	9.23	750	9040*	4.54	750			
7705	3.55	639	8350	6.75	750	9052	2.28	468			
7710	8.58	750	8380	4.56	750	9058	2.23	461			
7711	8.58	750	8381	1.81	404	9059	3.82	676			
7720X	3.55	639	8385	3.48	630	9060	2.33	475			
7855	7.75	750	8392	4.49	750	9061	1.78	400			
8001	3.16	587	8393	2.12	446	9063	1.42	352			
8002	4.15	720	8500	6.55	750	9077F	5.15	750			

INCLUDES COPYRIGHTED MATERIAL OF NATIONAL
COUNCIL ON COMPENSATION INSURANCE WITH ITS
PERMISSION-2008

EFFECTIVE DATES:

New: 01/01/08

Renewal: 01/01/08

AR -WC-R-3

Edition: 01/01/08

FOOTNOTES

D Rate for classification already includes the specific disease loading shown in the table below. See **Basic Manual** Rule 3-A-7.

E Rate for classification already includes the specific disease loading shown in the table below

Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol
0059D	0.38	S	1710E	0.07	S	3175D	0.04	S
0065D	0.07	S	1741E	0.31	S	4024E	0.02	S
0066D	0.07	S	1803D	0.31	S	5508D	0.04	S
0067D	0.07	S	1852D	0.05	Asb	6251D	0.07	S
1164E	0.11	S	3081D	0.05	S	6252D	0.05	S
1165E	0.05	S	3082D	0.07	S	6260D	0.04	S
1624E	0.05	S	3085D	0.07	S			

F Rate provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Rate contains a provision for federal assessment.

M Rate provides for coverage under the Admiralty Law and Federal Employers' liability Act (FELA). A provision for the USL& HW assessment is included for the those classifications under Program II USL Act.

N This code is part of a ratable / non-ratable group shown below. The statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

P Classification is computed on a per capita basis.

X Refer to special classification phraseology in these pages which are applicable in this state.

*** Class Codes with Specific Footnotes.**

1005 Rate includes a non-ratable disease element of \$5.12. (For coverage written separately for federal benefits only, \$3.86. For coverage written separately for state benefits only, \$1.26.)

1016 Rate includes a non-ratable disease elemtn of \$20.46. (For coverage written separately for federal benefits only, &15.42. For coverage written separately for state benefits only, \$5.04.) It also includes a catastrophe loading of \$0.1. Refer to the Manual of Underground Coal Mine Rules, Classifications, and Rates for the rules applicable to the use of this classification code.

6702 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection code rate and elr each X [1.215](#).

6703 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection code rate X [2.140](#) and elr X [1.982](#).

6704 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection code rate and elr each X [1.350](#).

7409 Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005. The ELR on the rate page should be applied to policies with effective dates on or after January 1, 2005 (\$600 payroll limitation). An ELR of [11.36](#) should be applied to policies with effective dates prior to January 1, 2005 (\$300 payroll limitation).

7420 Payroll is subject to a maximum of \$600 per week per employee effective July 1, 2006. The ELR on the rate page should be applied to policies with effective dates on or after July 1, 2006 (\$600 payroll limitation). An ELR of [4.16](#) should be applied to policies with effective dates prior to July 1, 2005 (uncapped payroll).

8018 See Arkansas Special Classification for Warehousing - groceries exclusively.

8833 The ex-medical loss cost for this classification is \$0.77.

9040 The ex-medical loss cost for this classification is \$2.23.

MISCELLANEOUS VALUES**Advisory Loss Elimination Ratios** - The following percentages are applicable by deductible amount and hazard group on a per claim basis:

Total Losses							
Deductible Amount	Hazard Group						
	A	B	C	D	E	F	G
\$1,000	10.2%	8.3%	7.1%	6.0%	5.0%	3.5%	2.7%
\$1,500	12.4%	10.2%	8.8%	7.4%	6.3%	4.5%	3.4%
\$2,000	14.1%	11.6%	10.1%	8.7%	7.4%	5.3%	4.1%
\$2,500	15.7%	13.0%	11.3%	9.7%	8.3%	6.0%	4.6%
\$3,000	17.0%	14.1%	12.4%	10.6%	9.1%	6.7%	5.2%
\$3,500	18.2%	15.2%	13.4%	11.6%	9.9%	7.4%	5.7%
\$4,000	19.4%	16.2%	14.3%	12.4%	10.6%	8.0%	6.2%
\$4,500	20.4%	17.1%	15.1%	13.1%	11.3%	8.6%	6.6%
\$5,000	21.4%	18.0%	16.0%	13.9%	12.0%	9.1%	7.1%

Medical Losses							
Deductible Amount	Hazard Group						
	A	B	C	D	E	F	G
\$1,000	9.9%	8.1%	6.9%	5.8%	4.9%	3.3%	2.6%
\$1,500	11.8%	9.7%	8.4%	7.1%	5.9%	4.2%	3.2%
\$2,000	13.3%	10.9%	9.5%	8.1%	6.8%	4.9%	3.7%
\$2,500	14.6%	12.0%	10.5%	8.9%	7.6%	5.5%	4.2%
\$3,000	15.7%	13.0%	11.3%	9.7%	8.2%	6.0%	4.6%
\$3,500	16.6%	13.8%	12.1%	10.3%	8.8%	6.5%	5.0%
\$4,000	17.5%	14.6%	12.8%	11.0%	9.4%	6.9%	5.4%
\$4,500	18.2%	15.3%	13.4%	11.6%	10.0%	7.4%	5.7%
\$5,000	19.0%	16.0%	14.0%	12.1%	10.4%	7.8%	6.0%

Indemnity Losses							
Deductible Amount	Hazard Group						
	A	B	C	D	E	F	G
\$1,000	2.2%	1.8%	1.7%	1.5%	1.4%	1.1%	0.8%
\$1,500	3.0%	2.5%	2.3%	2.1%	1.9%	1.6%	1.2%
\$2,000	3.8%	3.1%	2.9%	2.7%	2.4%	2.1%	1.5%
\$2,500	4.4%	3.7%	3.4%	3.2%	2.8%	2.4%	1.8%
\$3,000	5.0%	4.3%	4.0%	3.6%	3.3%	2.7%	2.1%
\$3,500	5.6%	4.7%	4.4%	4.1%	3.6%	3.1%	2.4%
\$4,000	6.1%	5.2%	4.8%	4.5%	4.0%	3.4%	2.7%
\$4,500	6.6%	5.6%	5.2%	4.9%	4.3%	3.6%	2.9%
\$5,000	7.1%	6.0%	5.5%	5.2%	4.6%	4.0%	3.1%

Basis of Premium applicable in accordance with the **Basic Manual** footnote instructions for Code:

7370 - "Taxicab Co.":

Employee operated vehicle \$46,220.00Leased or rented vehicle \$30,813.00

7420 - "Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew"

Maximum payroll per week per employee \$600.00**Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents** (cc 9741) \$0.02**Foreign Terrorism** (cc 9740) \$0.04**Maximum Payroll** applicable in accordance with **Basic Manual** Rule 2-E-1 - "Executive Officers" and **Basic Manual** footnote instructions for Code 9178 - "Athletic Team: Non Contact Sports", Code 9179 - "Athletic Team: Contact Sports", and Code 9186 - "Carnival - Traveling". \$2,400.00**Minimum Payroll** applicable in accordance with **Basic Manual** Rule 2-E-1 - "Executive Officers" \$300.00**Per Passenger Seat Surcharge** - In accordance with the **Basic Manual** footnote instructions for Code 7421:Maximum surcharge per aircraft \$1,000.00Per passenger seat \$100.00

MISCELLANEOUS VALUES																	
Premium Determination for Partners and Sole Proprietors and Members of Limited Liability Companies																	
in accordance with <i>Basic Manual</i> Rule 2-E-3		\$30,800.00															
<hr/>																	
United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with																	
<i>Basic Manual</i> Rule 3-A-4		90.0%															
<hr/>																	
(Multiply a Non-F classification rate by a factor of 1.90 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and the adjustment for differences in loss-based expenses (1.139).)																	
Experience Rating Eligibility																	
A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year of last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the <i>Experience Rating Plan Manual</i> should be referenced for the latest approved eligibility amounts by state.																	
Premium Discount Percentages -- (See <i>Basic Manual</i> Rule 3-A-19). The following premium discounts are applicable to Standard Premiums:																	
<table><tr><td></td><td></td><td>Stock</td></tr><tr><td>First</td><td>\$5,000</td><td>-</td></tr><tr><td>Next</td><td>\$95,000</td><td>2.0%</td></tr><tr><td>Next</td><td>\$400,000</td><td>4.0%</td></tr><tr><td>Over</td><td>\$500,000</td><td>6.0%</td></tr></table>					Stock	First	\$5,000	-	Next	\$95,000	2.0%	Next	\$400,000	4.0%	Over	\$500,000	6.0%
		Stock															
First	\$5,000	-															
Next	\$95,000	2.0%															
Next	\$400,000	4.0%															
Over	\$500,000	6.0%															
<hr/>																	
Expense Constant applicable in accordance with <i>Basic Manual</i> Rule 3-A-11		\$160.00															
<hr/>																	

STATE SPECIAL RATING VALUES

1. Hazard Group Differentials

A	1.890
B	1.420
C	1.260
D	1.130
E	0.980
F	0.790
G	0.590

2. Tax Multipliers*

A. State (non-F classes)	1.058
B. Federal classes, or non-F classes where rate is increased by the USL&HW Act Percentage	1.169

3. Expected Loss Ratio

63.4%

Expected Loss and Allocated Expense Ratio

36.5%

4. Expense Ratios

Stock - XIV-A

5. 2008 Table of Expected Loss Ranges

Effective 01/01/2008

6. Excess Loss Factors

(Applicable to New and Renewal Policies)

2

Excess Loss Pure Premium Factors
(Applicable to New and Renewal Policies)

Per Accident Limitation	Hazard Groups						
	A	B	C	D	E	F	G
\$25,000	0.385	0.445	0.479	0.512	0.550	0.604	0.654
\$30,000	0.354	0.413	0.449	0.482	0.522	0.579	0.632*
\$35,000	0.329	0.386	0.422	0.456	0.498	0.556	0.613*
\$40,000	0.306	0.363	0.399	0.433	0.475	0.535	0.594*
\$50,000	0.271	0.325	0.360	0.394	0.438	0.498	0.562*
\$75,000	0.212	0.259	0.293	0.325	0.368	0.430	0.499*
\$100,000	0.176	0.217	0.250	0.279	0.320	0.380	0.452*
\$125,000	0.152	0.187	0.219	0.246	0.285	0.343	0.416
\$150,000	0.135	0.167	0.196	0.221	0.259	0.315	0.388
\$175,000	0.121	0.150	0.178	0.201	0.236	0.291	0.363
\$200,000	0.110	0.137	0.164	0.185	0.218	0.271	0.342
\$250,000	0.095	0.118	0.143	0.161	0.191	0.240	0.310
\$300,000	0.084	0.104	0.127	0.144	0.171	0.216	0.284
\$500,000	0.059	0.073	0.091	0.103	0.124	0.159	0.219
\$1,000,000	0.039	0.048	0.060	0.068	0.081	0.105	0.152
\$2,000,000	0.023	0.029	0.038	0.043	0.052	0.068	0.101
\$5,000,000	0.010	0.013	0.017	0.020	0.025	0.034	0.054

6. Excess Loss Factors

(Applicable to New and Renewal Policies)

Excess Loss and Allocated Expense Pure Premium Factors
(Applicable to New and Renewal Policies)

Per Accident Limitation	Hazard Groups						
	A	B	C	D	E	F	G
\$25,000	0.452	0.516	0.553	0.588	0.628	0.684	0.735
\$30,000	0.419	0.483	0.521	0.557	0.599	0.658	0.713*
\$35,000	0.391	0.454	0.493	0.529	0.573	0.634	0.693*
\$40,000	0.366	0.429	0.468	0.505	0.550	0.613	0.674*
\$50,000	0.327	0.387	0.426	0.463	0.510	0.575	0.641*
\$75,000	0.260	0.313	0.352	0.387	0.434	0.501	0.575*
\$100,000	0.218	0.265	0.302	0.336	0.382	0.448	0.525*
\$125,000	0.189	0.231	0.266	0.298	0.342	0.407	0.485
\$150,000	0.168	0.206	0.240	0.269	0.312	0.374	0.453
\$175,000	0.151	0.186	0.218	0.245	0.286	0.347	0.426
\$200,000	0.138	0.170	0.201	0.226	0.265	0.324	0.403
\$250,000	0.119	0.146	0.175	0.197	0.233	0.288	0.366
\$300,000	0.105	0.129	0.156	0.176	0.208	0.260	0.336
\$500,000	0.074	0.090	0.112	0.126	0.151	0.192	0.261
\$1,000,000	0.048	0.059	0.074	0.083	0.098	0.127	0.181
\$2,000,000	0.029	0.036	0.047	0.053	0.063	0.082	0.122
\$5,000,000	0.012	0.016	0.022	0.025	0.031	0.042	0.066

* Also applicable to Underground Coal Mine Classifications.

STATE SPECIAL RATING VALUES

6. Retrospective Development Factors

With Loss Limit			Without Loss Limit			4th and
1st	2nd	3rd	1st	2nd	3rd	Subsequent
Adj.	Adj.	Adj.	Adj.	Adj.	Adj.	Adjustment
0.09	0.06	0.06	0.21	0.15	0.15	0.00

7. State Special Classifications by Hazard Group

<u>Code No.</u>	<u>Hazard Grp.</u>
1745	E
2719	E
8295	C

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

ARKANSAS

NATIONWIDE AGRIBUSINESS INSURANCE COMPANY

ORIGINAL PRINTING

CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM
0005	4.45	750	1860	1.41	350	2587	2.01	431	3118	1.33	340
0008	2.73	529	1924	2.99	564	2589	1.49	361	3119	1.01	296
0016	5.73	750	1925	2.47	493	2600	4.51	750	3122	1.07	304
0034	3.90	687	2001	2.23	461	2623	2.34	476	3126	1.83	407
0035	2.27	466	2002	3.10	579	2651	2.08	441	3131	0.84	273
0036	3.77	669	2003	2.60	511	2660	1.46	357	3132	1.91	418
0037	4.09	712	2014	4.90	750	2670	2.18	454	3145	1.78	400
0042	6.62	750	2016	2.25	464	2683	1.88	414	3146	2.39	483
0050	5.04	750	2021	3.11	580	2688	2.69	523	3169	2.46	492
0059D	0.27	196	2039	4.27	736	2701	7.33	750	3175D	2.70	525
0065D	0.05	167	2041	3.67	655	2702X	25.15	750	3179	2.21	458
0066D	0.05	167	2065	1.14	314	2710	7.74	750	3180	1.97	426
0067D	0.05	167	2070	4.68	750	2714	4.66	750	3188	1.32	338
0079	2.94	557	2081	4.04	705	2719X	10.16	750	3220	1.87	412
0083	7.72	750	2089	2.52	500	2731	3.41	620	3223	3.02	568
0106	13.09	750	2095	2.99	564	2735	2.77	534	3224	2.47	493
0113	4.38	750	2105	2.31	472	2759	6.91	750	3227	1.65	383
0170	2.43	488	2110	2.08	441	2790	1.31	337	3240	3.10	579
0251	4.92	750	2111	1.88	414	2802	6.02	750	3241	2.74	530
0400	7.85	750	2112	2.39	483	2812	4.04	705	3255	2.43	488
0401	11.45	750	2114	2.87	547	2835	1.54	368	3257	2.49	496
0771N	0.29	199	2121	1.83	407	2836	2.19	456	3270	4.09	712
0908P	116.23	276	2130	2.69	523	2841	3.83	677	3300	3.42	622
0913P	310.83	471	2131	1.65	383	2881	2.12	446	3303	3.37	615
0917	3.43	623	2143	2.04	435	2883	4.01	701	3307	3.30	606
1005*	9.13	750	2157	3.53	637	2913	2.89	550	3315	2.47	493
1016*	33.77	750	2172	2.00	430	2915	3.58	643	3334	2.35	477
1164E	6.69	750	2174	2.60	511	2916	2.29	469	3336	2.29	469
1165E	6.37	750	2211	4.88	750	2923	1.89	415	3365	9.02	750
1320	2.69	523	2220	1.85	410	2942	2.25	464	3372	2.53	502
1322	10.84	750	2286	1.37	345	2960	2.81	539	3373	3.16	587
1430	4.88	750	2288	4.28	738	3004	2.39	483	3383	0.90	282
1438	2.51	499	2300	2.00	430	3018	2.87	547	3385	0.82	271
1452	1.72	392	2302	1.75	396	3022	3.08	576	3400	2.40	484
1463	10.74	750	2305	2.31	472	3027	2.79	537	3507	2.72	527
1472	3.27	601	2361	1.25	329	3028	2.94	557	3515	2.19	456
1624E	7.07	750	2362	1.68	387	3030	3.88	684	3548	1.16	317
1642	3.54	638	2380	5.75	750	3040	3.85	680	3559	2.01	431
1654	7.64	750	2386	1.12	311	3041	3.33	610	3574	1.11	310
1655	4.26	735	2388	1.78	400	3042	3.02	568	3581	1.12	311
1699	1.97	426	2402	2.14	449	3064	4.31	742	3612	2.06	438
1701	3.28	603	2413	1.71	391	3069	6.26	750	3620	5.67	750
1710E	6.13	750	2416	1.78	400	3076	2.57	507	3629	1.78	400
1741E	1.63	380	2417	1.65	383	3081D	2.36	479	3632	2.87	547
1745X	2.69	523	2501	1.40	349	3082D	3.75	666	3634	1.78	400
1747	2.25	464	2503	1.25	329	3085D	2.77	534	3635	1.66	384
1748	5.26	750	2534	2.22	460	3110	2.82	541	3638	1.48	360
1803D	5.04	750	2570	4.51	750	3111	2.81	539	3642	0.86	276
1852D	2.06	438	2585	2.48	495	3113	2.01	431	3643	2.79	537
1853	2.46	492	2586	0.94	287	3114	2.38	481	3647	3.00	565

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY

ARKANSAS

NATIONWIDE AGRIBUSINESS INSURANCE COMPANY

ORIGINAL PRINTING

CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM
3648	1.96	425	4304	2.59	510	5057	15.06	750	6213	10.77	750
3681	1.31	337	4307	2.51	499	5059	21.61	750	6214	2.60	511
3685	1.71	391	4351	1.02	298	5069	20.78	750	6216	4.91	750
3719	3.16	587	4352	0.95	288	5102	4.00	700	6217	4.58	750
3724	6.23	750	4360	0.74	260	5146	4.73	750	6229	3.84	678
3726	3.33	610	4361	1.25	329	5160	4.21	728	6233	7.05	750
3803	1.72	392	4362	1.01	296	5183	3.04	570	6235	10.67	750
3807	1.49	361	4410	2.73	529	5188	5.07	750	6236	12.18	750
3808	2.55	504	4420	3.24	597	5190	2.96	560	6237	3.34	611
3821	3.92	689	4431	1.37	345	5191X	1.66	384	6251D	7.26	750
3822	2.56	506	4432	1.48	360	5192	3.74	665	6252D	6.58	750
3824	4.49	750	4439	1.74	395	5213	7.18	750	6260D	4.99	750
3826	0.97	291	4452	3.19	591	5215	3.76	668	6306	5.16	750
3827	1.11	310	4459	1.96	425	5221	3.83	677	6319	5.16	750
3830	1.07	304	4470	2.12	446	5222	9.42	750	6325	4.79	750
3851	2.66	519	4484	2.18	454	5223	5.15	750	6400	6.44	750
3865	1.20	322	4493	2.63	515	5348	3.59	645	6504	2.25	464
3881	3.54	638	4511	0.64	246	5402	4.71	750	6702M*	6.86	100
4000	6.90	750	4557	1.70	390	5403	9.60	750	6703M*	12.07	200
4021	4.18	724	4558	1.75	396	5437	4.40	750	6704M*	7.61	200
4024E	1.58	373	4561	1.78	400	5443	3.50	633	6801F	13.16	750
4034	6.41	750	4568	2.49	496	5445	4.45	750	6811	5.26	750
4036	2.46	492	4581	1.57	372	5462	5.80	750	6824F	22.75	750
4038	1.97	426	4583	4.27	736	5472	4.79	750	6826F	11.01	750
4053	3.00	565	4611	0.88	279	5473	4.88	750	6834	3.93	691
4061	4.02	703	4635	3.58	643	5474	6.79	750	6836	8.62	750
4062	2.91	553	4653	1.25	329	5478	4.17	723	6843F	15.12	750
4101	1.84	408	4665	6.36	750	5479	9.73	750	6845F	17.80	750
4111	2.17	453	4670	4.09	712	5480	9.51	750	6854	4.96	750
4112	0.89	280	4683	4.34	746	5491	2.04	435	6872F	20.56	750
4113	1.57	372	4686	1.07	304	5506	4.17	723	6874F	36.52	750
4114	2.25	464	4692	0.34	206	5507	5.45	750	6882	5.68	750
4130	5.22	750	4693	0.81	269	5508D	6.92	750	6884	12.47	750
4131	2.52	500	4703	2.15	450	5535	6.26	750	7016M	5.16	100
4133	2.40	484	4717	2.26	465	5537	5.22	750	7024M	5.73	100
4150	1.21	323	4720	3.70	660	5551	13.63	750	7038M	6.13	100
4206	3.71	661	4740	1.40	349	5606	1.84	408	7046M	26.98	200
4207	1.07	304	4741	1.67	385	5610	6.46	750	7047M	9.09	200
4239	1.24	327	4751	1.78	400	5645	10.80	750	7050M	10.79	200
4240	2.73	529	4771N	1.66	384	5651	8.75	750	7090M	6.80	100
4243	1.33	340	4777	1.65	383	5703	94.11	750	7098M	29.99	100
4244	2.19	456	4825	0.71	256	5705	4.74	750	7099M	47.53	100
4250	1.38	346	4828	1.33	340	5951	0.35	207	7133	3.28	603
4251	1.54	368	4829	1.45	356	6003	9.73	750	7151M	3.98	100
4263	2.22	460	4902	1.59	375	6005	6.41	750	7152M	7.01	100
4273	1.51	364	4923	1.06	303	6017	4.05	707	7153M	4.43	200
4279	1.65	383	5020	5.37	750	6018	2.06	438	7222	9.35	750
4282	2.02	433	5022	5.86	750	6045	2.77	534	7228X	7.33	750
4283	2.18	454	5037	16.36	750	6204	9.04	750	7229X	7.29	750
4299	1.40	349	5040	19.12	750	6206	6.96	750	7230	3.57	642

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY

ARKANSAS

NATIONWIDE AGRIBUSINESS INSURANCE COMPANY

ORIGINAL PRINTING

CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM
7231	7.88	750	8006	2.12	446	8601	0.65	248	9082	1.55	369
7232	13.40	750	8008	1.10	309	8606	3.38	616	9083	1.38	346
7309F	25.34	750	8010	2.02	433	8709F	7.71	750	9084	1.92	419
7313F	5.84	750	8013	0.47	223	8719	1.68	387	9089	1.24	327
7317F	9.35	750	8015	0.65	248	8720	1.12	311	9093	1.38	346
7327F	20.39	750	8017	1.12	311	8721	0.38	211	9101	2.89	550
7333M	6.95	200	8018X*	2.52	500	8726F	9.16	750	9102	2.83	542
7335M	7.72	200	8021	1.62	379	8734M	0.65	100	9154	2.31	472
7337M	12.24	200	8031	2.94	557	8737M	0.59	200	9156	1.32	338
7350F	22.14	750	8032	1.51	364	8738M	1.03	200	9170	2.21	458
7360	5.52	750	8033	1.84	408	8742X	0.48	225	9178	23.60	750
7370	4.78	750	8039	1.37	345	8745	4.40	750	9179	41.19	750
7380X	3.88	684	8044	3.02	568	8748	0.39	213	9180	4.09	712
7382	2.63	515	8045	0.43	218	8755	0.27	196	9182	2.52	500
7390	3.32	608	8046	2.68	522	8799	0.91	283	9186	51.34	750
7394M	13.94	200	8047	1.15	315	8800	0.91	283	9220	3.57	642
7395M	15.48	200	8058	2.70	525	8803	0.08	171	9402	4.96	750
7398M	24.53	200	8072	0.61	242	8805M	0.31	200	9403	6.10	750
7403X	2.66	519	8102	2.49	496	8810	0.24	192	9410	1.85	410
7405N	1.41	350	8103	4.40	750	8814M	0.29	200	9501	4.56	750
7420X*	20.33	750	8105	4.45	750	8815M	0.51	200	9505	3.34	611
7421	2.12	446	8106	4.15	720	8820	0.21	188	9516	2.66	519
7422	2.34	476	8107	3.83	677	8824	2.68	522	9519	2.32	473
7423X	2.66	519	8111	2.98	562	8825	2.22	460	9521	4.99	750
7425	3.29	604	8116	3.90	687	8826	2.13	448	9522	1.45	356
7431N	1.83	407	8203	5.82	750	8829	2.53	502	9534	7.07	750
7445N	0.76	263	8204	5.88	750	8831	2.81	539	9554	8.16	750
7453N	0.98	292	8209	2.89	550	8832	0.26	195	9586	0.69	253
7502	2.77	534	8215	5.17	750	8833X*	1.06	303	9600	1.53	367
7515	1.02	298	8227	4.10	714	8835	2.04	435	9620	1.15	315
7520	2.83	542	8232	6.07	750	8842	1.11	310			
7538	9.06	750	8233	4.58	750	8864	1.11	310			
7539	5.76	750	8235	3.84	678	8868	0.38	211			
7540	3.83	677	8263	8.62	750	8869	0.71	256			
7580	1.93	421	8264	3.83	677	8871	0.24	192			
7590	4.11	715	8265	9.08	750	8901	0.27	196			
7600	2.79	537	8279	9.81	750	9012	1.58	373			
7601	11.21	750	8288	6.36	750	9014	2.21	458			
7605	3.13	583	8291	2.31	472	9015X	2.61	512			
7610	0.44	219	8292	2.81	539	9016	4.68	750			
7611	5.55	750	8293	7.76	750	9019	3.15	585			
7612	15.45	750	8295X	5.63	750	9033	1.71	391			
7613	4.44	750	8304	6.71	750	9040*	3.30	606			
7705	2.59	510	8350	4.91	750	9052	1.66	384			
7710	6.24	750	8380	3.32	608	9058	1.62	379			
7711	6.24	750	8381	1.32	338	9059	2.78	535			
7720X	2.59	510	8385	2.53	502	9060	1.70	390			
7855	5.64	750	8392	3.27	601	9061	1.29	334			
8001	2.30	471	8393	1.54	368	9063	1.03	299			
8002	3.02	568	8500	4.77	750	9077F	3.75	666			

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FOOTNOTES

D Rate for classification already includes the specific disease loading shown in the table below. See **Basic Manual** Rule 3-A-7.

E Rate for classification already includes the specific disease loading shown in the table below

Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol
0059D	0.27	S	1710E	0.05	S	3175D	0.03	S
0065D	0.05	S	1741E	0.22	S	4024E	0.01	S
0066D	0.05	S	1803D	0.22	S	5508D	0.03	S
0067D	0.05	S	1852D	0.04	Asb	6251D	0.05	S
1164E	0.08	S	3081D	0.04	S	6252D	0.04	S
1165E	0.04	S	3082D	0.05	S	6260D	0.03	S
1624E	0.04	S	3085D	0.05	S			

F Rate provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Rate contains a provision for federal assessment.

M Rate provides for coverage under the Admiralty Law and Federal Employers' liability Act (FELA). A provision for the USL& HW assessment is included for the those classifications under Program II USL Act.

N This code is part of a ratable / non-ratable group shown below. The statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

P Classification is computed on a per capita basis.

X Refer to special classification phraseology in these pages which are applicable in this state.

*** Class Codes with Specific Footnotes.**

1005 Rate includes a non-ratable disease element of \$3.72. (For coverage written separately for federal benefits only, \$2.81. For coverage written separately for state benefits only, \$0.91.)

1016 Rate includes a non-ratable disease element of \$14.89. (For coverage written separately for federal benefits only, \$11.22. For coverage written separately for state benefits only, \$3.67.) It also includes a catastrophe loading of \$0.1. Refer to the Manual of Underground Coal Mine Rules, Classifications, and Rates for the rules applicable to the use of this classification code.

6702 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection code rate and elr each X [1.215](#).

6703 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection code rate X [2.140](#) and elr X [1.982](#).

6704 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection code rate and elr each X [1.350](#).

7409 Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005. The ELR on the rate page should be applied to policies with effective dates on or after January 1, 2005 (\$600 payroll limitation). An ELR of [11.36](#) should be applied to policies with effective dates prior to January 1, 2005 (\$300 payroll limitation).

7420 Payroll is subject to a maximum of \$600 per week per employee effective July 1, 2006. The ELR on the rate page should be applied to policies with effective dates on or after July 1, 2006 (\$600 payroll limitation). An ELR of [4.16](#) should be applied to policies with effective dates prior to July 1, 2005 (uncapped payroll).

8018 See Arkansas Special Classification for Warehousing - groceries exclusively.

8833 The ex-medical loss cost for this classification is \$0.56.

9040 The ex-medical loss cost for this classification is \$1.62.

MISCELLANEOUS VALUES**Advisory Loss Elimination Ratios** - The following percentages are applicable by deductible amount and hazard group on a per claim basis:

Total Losses							
Deductible Amount	Hazard Group						
	A	B	C	D	E	F	G
\$1,000	10.2%	8.3%	7.1%	6.0%	5.0%	3.5%	2.7%
\$1,500	12.4%	10.2%	8.8%	7.4%	6.3%	4.5%	3.4%
\$2,000	14.1%	11.6%	10.1%	8.7%	7.4%	5.3%	4.1%
\$2,500	15.7%	13.0%	11.3%	9.7%	8.3%	6.0%	4.6%
\$3,000	17.0%	14.1%	12.4%	10.6%	9.1%	6.7%	5.2%
\$3,500	18.2%	15.2%	13.4%	11.6%	9.9%	7.4%	5.7%
\$4,000	19.4%	16.2%	14.3%	12.4%	10.6%	8.0%	6.2%
\$4,500	20.4%	17.1%	15.1%	13.1%	11.3%	8.6%	6.6%
\$5,000	21.4%	18.0%	16.0%	13.9%	12.0%	9.1%	7.1%

Medical Losses							
Deductible Amount	Hazard Group						
	A	B	C	D	E	F	G
\$1,000	9.9%	8.1%	6.9%	5.8%	4.9%	3.3%	2.6%
\$1,500	11.8%	9.7%	8.4%	7.1%	5.9%	4.2%	3.2%
\$2,000	13.3%	10.9%	9.5%	8.1%	6.8%	4.9%	3.7%
\$2,500	14.6%	12.0%	10.5%	8.9%	7.6%	5.5%	4.2%
\$3,000	15.7%	13.0%	11.3%	9.7%	8.2%	6.0%	4.6%
\$3,500	16.6%	13.8%	12.1%	10.3%	8.8%	6.5%	5.0%
\$4,000	17.5%	14.6%	12.8%	11.0%	9.4%	6.9%	5.4%
\$4,500	18.2%	15.3%	13.4%	11.6%	10.0%	7.4%	5.7%
\$5,000	19.0%	16.0%	14.0%	12.1%	10.4%	7.8%	6.0%

Indemnity Losses							
Deductible Amount	Hazard Group						
	A	B	C	D	E	F	G
\$1,000	2.2%	1.8%	1.7%	1.5%	1.4%	1.1%	0.8%
\$1,500	3.0%	2.5%	2.3%	2.1%	1.9%	1.6%	1.2%
\$2,000	3.8%	3.1%	2.9%	2.7%	2.4%	2.1%	1.5%
\$2,500	4.4%	3.7%	3.4%	3.2%	2.8%	2.4%	1.8%
\$3,000	5.0%	4.3%	4.0%	3.6%	3.3%	2.7%	2.1%
\$3,500	5.6%	4.7%	4.4%	4.1%	3.6%	3.1%	2.4%
\$4,000	6.1%	5.2%	4.8%	4.5%	4.0%	3.4%	2.7%
\$4,500	6.6%	5.6%	5.2%	4.9%	4.3%	3.6%	2.9%
\$5,000	7.1%	6.0%	5.5%	5.2%	4.6%	4.0%	3.1%

Basis of Premium applicable in accordance with the *Basic Manual* footnote instructions for Code:

7370 - "Taxicab Co.":

Employee operated vehicle \$46,220.00Leased or rented vehicle \$30,813.00

7420 - "Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew"

Maximum payroll per week per employee \$600.00**Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents** (cc 9741) \$0.01**Foreign Terrorism** (cc 9740) \$0.03**Maximum Payroll** applicable in accordance with *Basic Manual* Rule 2-E-1 - "Executive Officers" and *Basic Manual* footnote instructions for Code 9178 - "Athletic Team: Non Contact Sports", Code 9179 - "Athletic Team: Contact Sports", and Code 9186 - "Carnival - Traveling". \$2,400.00**Minimum Payroll** applicable in accordance with *Basic Manual* Rule 2-E-1 - "Executive Officers" \$300.00**Per Passenger Seat Surcharge** - In accordance with the *Basic Manual* footnote instructions for Code 7421:Maximum surcharge per aircraft \$1,000.00Per passenger seat \$100.00

MISCELLANEOUS VALUES

Premium Determination for Partners and Sole Proprietors and Members of Limited Liability Companiesin accordance with *Basic Manual* Rule 2-E-3

\$30,800.00

United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with*Basic Manual* Rule 3-A-4

90.0%

(Multiply a Non-F classification rate by a factor of 1.90 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and the adjustment for differences in loss-based expenses (1.139).)

Experience Rating Eligibility

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year of last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the *Experience Rating Plan Manual* should be referenced for the latest approved eligibility amounts by state.

Premium Discount Percentages -- (See *Basic Manual* Rule 3-A-19). The following premium discounts are applicable to Standard Premiums:

		Stock
First	\$5,000	-
Next	\$95,000	2.0%
Next	\$400,000	4.0%
Over	\$500,000	6.0%

Expense Constant applicable in accordance with *Basic Manual* Rule 3-A-11

\$160.00

STATE SPECIAL RATING VALUES

1. Hazard Group Differentials

A	1.890
B	1.420
C	1.260
D	1.130
E	0.980
F	0.790
G	0.590

2. Tax Multipliers*

A. State (non-F classes)	1.058
B. Federal classes, or non-F classes where rate is increased by the USL&HW Act Percentage	1.169

3. Expected Loss Ratio

63.4%

Expected Loss and Allocated Expense Ratio

36.5%

4. Expense Ratios

Stock - XIV-A

5. 2008 Table of Expected Loss Ranges

Effective 01/01/2008

6. Excess Loss Factors

(Applicable to New and Renewal Policies)

2

Excess Loss Pure Premium Factors
(Applicable to New and Renewal Policies)

Per Accident Limitation	Hazard Groups						
	A	B	C	D	E	F	G
\$25,000	0.385	0.445	0.479	0.512	0.550	0.604	0.654
\$30,000	0.354	0.413	0.449	0.482	0.522	0.579	0.632*
\$35,000	0.329	0.386	0.422	0.456	0.498	0.556	0.613*
\$40,000	0.306	0.363	0.399	0.433	0.475	0.535	0.594*
\$50,000	0.271	0.325	0.360	0.394	0.438	0.498	0.562*
\$75,000	0.212	0.259	0.293	0.325	0.368	0.430	0.499*
\$100,000	0.176	0.217	0.250	0.279	0.320	0.380	0.452*
\$125,000	0.152	0.187	0.219	0.246	0.285	0.343	0.416
\$150,000	0.135	0.167	0.196	0.221	0.259	0.315	0.388
\$175,000	0.121	0.150	0.178	0.201	0.236	0.291	0.363
\$200,000	0.110	0.137	0.164	0.185	0.218	0.271	0.342
\$250,000	0.095	0.118	0.143	0.161	0.191	0.240	0.310
\$300,000	0.084	0.104	0.127	0.144	0.171	0.216	0.284
\$500,000	0.059	0.073	0.091	0.103	0.124	0.159	0.219
\$1,000,000	0.039	0.048	0.060	0.068	0.081	0.105	0.152
\$2,000,000	0.023	0.029	0.038	0.043	0.052	0.068	0.101
\$5,000,000	0.010	0.013	0.017	0.020	0.025	0.034	0.054

6. Excess Loss Factors

(Applicable to New and Renewal Policies)

Excess Loss and Allocated Expense Pure Premium Factors
(Applicable to New and Renewal Policies)

Per Accident Limitation	Hazard Groups						
	A	B	C	D	E	F	G
\$25,000	0.452	0.516	0.553	0.588	0.628	0.684	0.735
\$30,000	0.419	0.483	0.521	0.557	0.599	0.658	0.713*
\$35,000	0.391	0.454	0.493	0.529	0.573	0.634	0.693*
\$40,000	0.366	0.429	0.468	0.505	0.550	0.613	0.674*
\$50,000	0.327	0.387	0.426	0.463	0.510	0.575	0.641*
\$75,000	0.260	0.313	0.352	0.387	0.434	0.501	0.575*
\$100,000	0.218	0.265	0.302	0.336	0.382	0.448	0.525*
\$125,000	0.189	0.231	0.266	0.298	0.342	0.407	0.485
\$150,000	0.168	0.206	0.240	0.269	0.312	0.374	0.453
\$175,000	0.151	0.186	0.218	0.245	0.286	0.347	0.426
\$200,000	0.138	0.170	0.201	0.226	0.265	0.324	0.403
\$250,000	0.119	0.146	0.175	0.197	0.233	0.288	0.366
\$300,000	0.105	0.129	0.156	0.176	0.208	0.260	0.336
\$500,000	0.074	0.090	0.112	0.126	0.151	0.192	0.261
\$1,000,000	0.048	0.059	0.074	0.083	0.098	0.127	0.181
\$2,000,000	0.029	0.036	0.047	0.053	0.063	0.082	0.122
\$5,000,000	0.012	0.016	0.022	0.025	0.031	0.042	0.066

* Also applicable to Underground Coal Mine Classifications.

STATE SPECIAL RATING VALUES

6. Retrospective Development Factors

With Loss Limit			Without Loss Limit			4th and
1st	2nd	3rd	1st	2nd	3rd	Subsequent
Adj.	Adj.	Adj.	Adj.	Adj.	Adj.	Adjustment
0.09	0.06	0.06	0.21	0.15	0.15	0.00

7. State Special Classifications by Hazard Group

<u>Code No.</u>	<u>Hazard Grp.</u>
1745	E
2719	E
8295	C

SERFF Tracking Number:	FARL-125317233	State:	Arkansas
First Filing Company:	Farmland Mutual Insurance Company, ...	State Tracking Number:	AR-PC-07-026367
Company Tracking Number:	A-2007THOS-76KHJC		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers' Compensation		
Project Name/Number:	NCCI's loss cost and LCM/A-2007THOS-76KHJC		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	10/11/2007
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Comments:

Attachment:

PC Transmittal.pdf

Satisfied -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status:	Approved	10/11/2007
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Comments:

Attachment:

Loss Cost Form.pdf

Satisfied -Name:	NAIC loss cost data entry document	Review Status:	Approved	10/11/2007
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Comments:

Attachment:

LC Data.pdf

Satisfied -Name:	Support information	Review Status:	Approved	10/11/2007
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Comments:

Attachments:

Rate Schedule.pdf

AR Experience.pdf

Satisfied -Name:	Reference calculation	Review Status:	Approved	10/11/2007
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Comments:

Attachments:

Reference calculation NW.pdf

Reference calculation FM.pdf

Property & Casualty Transmittal Document


1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
Nationwide	140

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Nationwide Agribusiness Insurance Company	IA	28223	42-1015537	
Farmland Mutual Insurance Company	IA	13838	42-0618271	

5. Company Tracking Number	A-2007THOS-76KHJC
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Terry Hopkins	State Filing Analyst	(515) 508-3568	(515) 508-3694	thopkins@farmlandins.com
1100 Locust St Dept 3030 Des Moines Ia 50391-3030				
7. Signature of authorized filer				
8. Please print name of authorized filer		Terry Hopkins		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0
10. Sub-Type of Insurance (Sub-TOI)	Workers' Compensation
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 01/01/2008 Renewal: 01/01/2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCC

17. Reference Organization # & Title	AR-2007-10
18. Company's Date of Filing	10/09/2007
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	A-2007THOS-76KHJC
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Circular:

AR-2007-10

Proposed Effective Date:

01/01/2008 new and renewal business.

Loss Cost Multipliers:

Nationwide Agribusiness Insurance Company

Class Code 8116

1.183

All Others

1.306

Farmland Mutual Insurance Company

Class Codes 8116

1.626

All Others

1.795

Impact:

Nationwide Agribusiness Insurance Company

2.1%

Farmland Mutual Insurance Company

12.3%

Overall Impact

4.7%

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT

Amount: \$100.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

Effective March 1, 2007

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	A-2007THOS-76KHJC
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

- ☒ **Loss Cost Reference Filing** ☐ **Independent Rate Filing**
(Advisory Org, & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

- ☒ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

Note: Some states have statutes that prohibit this option for some lines of business.

- ☐ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? _____

If no, complete a copy of this form for each affected class with appropriate justification.

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
(Check One)

- ☐ Without Modification (factor = 1.000)
☒ With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 0.923

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio.

(Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions	
A.	Total Production Expense	17.7	%
B.	General Expense	5.1	%
C.	Taxes, Licenses & Fee	2.7	%
D.	Underwriting profit & contingencies*	2.0	%
E.	Other (explain)		%
F.	Total	27.5	%
* Explain how investment income is taken into account			

5.	A. Expected Loss Ratio: $ELR = 100\% - 4F =$	72.5
	B. ELR in Decimal Form =	0.725

NAIC LOSS COST FILING DOCUMENT—*FOR WORKERS' COMPENSATION*

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.005
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	0.978
8.	Company Formula Loss Cost Multiplier [3B / ((7 – 4F) X 6)]	1.306
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.306

Yes No

10. Are you amending your minimum premium formula?

☒

If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.

11. Are you changing your premium discount schedules?

☐

☒

If yes, attach schedules and support, detailing premium or rate level changes.

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	A-2007THOS-76KHJC
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

- ☒ **Loss Cost Reference Filing** _____ ☐ **Independent Rate Filing**
 (Advisory Org, & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

- ☒ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

Note: Some states have statutes that prohibit this option for some lines of business.

- ☐ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? _____

If no, complete a copy of this form for each affected class with appropriate justification.

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
(Check One)

- ☐ Without Modification (factor = 1.000)
☒ With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 0.836

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio.

(Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions	
A.	Total Production Expense	17.7	%
B.	General Expense	5.1	%
C.	Taxes, Licenses & Fee	2.7	%
D.	Underwriting profit & contingencies*	2.0	%
E.	Other (explain)		%
F.	Total	27.5	%
	* Explain how investment income is taken into account		

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	72.5
B.	ELR in Decimal Form =	0.725

NAIC LOSS COST FILING DOCUMENT—*FOR WORKERS' COMPENSATION*

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.005
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	0.978
8.	Company Formula Loss Cost Multiplier [3B / ((7 – 4F) X 6)]	1.183
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.183

Yes No

10. Are you amending your minimum premium formula?

☒

If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.

11. Are you changing your premium discount schedules?

☐

☒

If yes, attach schedules and support, detailing premium or rate level changes.

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	A-2007THOS-76KHJC
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

☒ **Loss Cost Reference Filing** _____ ☐ **Independent Rate Filing**
 (Advisory Org, & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

- ☒ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

Note: Some states have statutes that prohibit this option for some lines of business.

- ☐ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? _____

If no, complete a copy of this form for each affected class with appropriate justification.

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
(Check One)

- ☐ Without Modification (factor = 1.000)
☒ With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.268

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio.

(Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions	
A.	Total Production Expense	17.7	%
B.	General Expense	5.1	%
C.	Taxes, Licenses & Fee	2.7	%
D.	Underwriting profit & contingencies*	2.0	%
E.	Other (explain)		%
F.	Total	27.5	%
	* Explain how investment income is taken into account		

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	72.5
B.	ELR in Decimal Form =	0.725

NAIC LOSS COST FILING DOCUMENT—*FOR WORKERS' COMPENSATION*

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.005
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	0.978
8.	Company Formula Loss Cost Multiplier [3B / ((7 – 4F) X 6)]	1.795
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.795

Yes No

10. Are you amending your minimum premium formula?

☒

If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.

11. Are you changing your premium discount schedules?

☐

☒

If yes, attach schedules and support, detailing premium or rate level changes.

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	A-2007THOS-76KHJC
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

☒ **Loss Cost Reference Filing** _____ ☐ **Independent Rate Filing**
 (Advisory Org, & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

- ☒ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

Note: Some states have statutes that prohibit this option for some lines of business.

- ☐ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? _____

If no, complete a copy of this form for each affected class with appropriate justification.

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
(Check One)

- ☐ Without Modification (factor = 1.000)
☒ With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.149

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio.

(Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions	
A.	Total Production Expense	17.7	%
B.	General Expense	5.1	%
C.	Taxes, Licenses & Fee	2.7	%
D.	Underwriting profit & contingencies*	2.0	%
E.	Other (explain)		%
F.	Total	27.5	%
	* Explain how investment income is taken into account		

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	72.5
B.	ELR in Decimal Form =	0.725

NAIC LOSS COST FILING DOCUMENT—*FOR WORKERS' COMPENSATION*

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.005
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	0.978
8.	Company Formula Loss Cost Multiplier [3B / ((7 – 4F) X 6)]	1.626
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.626

Yes No

10. Are you amending your minimum premium formula?

☒

If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.

11. Are you changing your premium discount schedules?

☐

☒

If yes, attach schedules and support, detailing premium or rate level changes.

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	A-2007THOS-76KHJC
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	NCCI; Item #AR-2007-10
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Company Name		Company NAIC Number	
3.	A. Nationwide Agribusiness Insurance Company	B.	140-28223

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
4.	A. Workers' Compensation	B.	

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
WC - All other classes	4.7%	2.6%	63.4%	0.923	1.306	160	1.306
WC - cc 8116	4.7%	2.2%	63.4%	0.836	1.183	160	1.183
TOTAL OVERALL EFFECT	4.7%	2.2%					

6.

5 Year History

Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2006	16	5.1%	8/1/2006	360	170	47.2%	90.1%
2006	16	-6.2%	3/1/2006	360	170	47.2%	90.1%
2005	6	-6.0%	7/1/2005	20	-95	-475.0%	121.9%
2004	5	2.0%	7/1/2007	9	79	877.8%	74.4%
2003	8	-14.5%	8/1/2002	140	17	12.1%	85.0%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	17.7
B. General Expense	5.1
C. Taxes, License & Fees	2.7
D. Underwriting Profit & Contingencies	2.0
E. Other (explain)	
F. TOTAL	27.5

8. Y Apply Lost Cost Factors to Future filings? (Y or N)

9. 4.0% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):

10. 0.0% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable):

PC RLC

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	A-2007THOS-76KHJC
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	NCCI; Item #AR-2007-10
----	---	------------------------

3.	A.	Company Name	B.	Company NAIC Number
----	----	--------------	----	---------------------

4.	A.	Product Coding Matrix Line of Business (i.e., Type of Insurance)	B.	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
		Workers' Compensation		

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
WC - All other classes	4.7%	2.4%	63.4%	1.268	1.795	160	1.795
WC - cc 8116	4.7%	0.0%	63.4%	1.149	1.626	160	1.795
WC - cc 8215	4.7%	25.6%	63.4%	1.268	1.795	160	1.455
WC - cc 8304	4.7%	8.2%	63.4%	1.268	1.795	160	1.688
TOTAL OVERALL EFFECT	4.7%	13.4%					

6.

5 Year History

Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2006	16	4.6%	8/1/2006	302	278	92.1%	74.4%
2006	16	6.3%	3/1/2006	302	278	92.1%	74.4%
2005	22	7.5%	7/1/2005	318	107	33.6%	59.5%
2004	22	4.2%	7/1/2007	292	50	17.1%	70.2%
2003	47	3.4%	8/1/2002	776	689	88.8%	82.9%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	17.7
B. General Expense	5.1
C. Taxes, License & Fees	2.7
D. Underwriting Profit & Contingencies	2.0
E. Other (explain)	
F. TOTAL	27.5

8. Y Apply Lost Cost Factors to Future filings? (Y or N)

9. 25.3% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):

10. 0.0% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable):

PC RLC

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #					A-2007THOS-76KHJC	
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)						
<input checked="" type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)							
3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)						
4a.	Rate Change by Company (As Proposed)						
	Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)
	Nationwide Agribusiness		2.20%	16,513	24	750,583	
	Farmland Mutual		13.40%	35,554	13	265,329	
4b.	Rate Change by Company (As Accepted) For State Use Only						
	Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)
Overall Rate Information (Complete for Multiple Company Filings only)							
						COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)					4.70%	
5b.	Overall percentage rate impact for this filing					4.70%	
5c.	Effect of Rate Filing – Written premium change for this program					52,067	
5d.	Effect of Rate Filing – Number of policyholders affected					37	
6.	Overall percentage of last rate revision					-3.20%	
7.	Effective Date of last rate revision					9/1/2007	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)						
9.	Rule # or Page # Submitted for Review			Replacement or Withdrawn?		Previous state filing number, if required by state	
01	AR-WC-R-1 thru 6			<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			
02	AR-WC-RR-1 thru 2			<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			
03				<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn			

**Indicated Rate Change
Workers Compensation
Arkansas**

	Earned Premium	Current Level Factor	Premium Trend Factor	Earned Prem @ Current Level	Average Pricing Level	Manual Prem @ Current Level
Year	(1)	(2)	(3)	(4) <small>(1) x (2) x (3)</small>	(5)	(6) <small>(4) / (5)</small>
2002	915,597	1.183	1.137	1,232,177	0.945	1,303,415
2003	448,988	1.165	1.115	583,366	0.935	623,680
2004	303,477	1.157	1.093	383,831	0.932	411,939
2005	341,004	1.113	1.072	406,896	0.999	407,503
2006	669,401	1.052	1.051	739,897	1.077	686,867

	Non-Weather Capped Incurred Loss	Projected Ultimate Losses	Projected Ultimate ALAE	Loss & ALAE Trend Factor	Trended Ultimate Loss & ALAE	Loss & ALAE Ratio @ Current Manual Level	Loss & ALAE Ratio @ Current Pricing Level	Annual Weights
Year	(7)	(8)	(9)	(10)	(11) <small>[(8) + (9)] x (10)</small>	(12) <small>(11) / (6)</small>	(13) <small>(11) / [(6) x (14)]</small>	
2002	402,739	582,433	25,760	1.186	721,591	55.4%	46.5%	15%
2003	254,896	358,972	15,877	1.156	433,211	69.5%	58.3%	20%
2004	27,286	37,835	1,673	1.126	44,473	10.8%	9.1%	25%
2005	228,996	299,185	13,233	1.096	342,559	84.1%	70.6%	20%
2006	482,400	583,084	25,789	1.068	650,310	94.7%	79.5%	20%

Expenses and Target Loss & ALAE Ratio	
Fixed Expenses (a)	21.8%
Variable Expenses (b)	39.7%
U/W Profit (c)	2.0%
Target Loss & ALAE Ratio (d)	36.5%

Historical and Selected Manual Loss & ALAE Ratios	
Premium Weighted	63.8%
Premium Wtd w/ Annual Wts	63.0%
Straight Average	62.9%
Weighted Average	60.6%
Selected (e)	63.4%

Current Pricing	State Manual Indicated Rate Level Change	State Collected Indicated Rate Level Change	Credibility	Credibility Complement	Indicated Rate Level Change
(14)	(15) <small>[(e)+(a)x(14)] / [(a)+(d)] - 1</small>	(16) <small>[(a)+(e)/(14)] / [(a)+(d)] - 1</small>	(17)	(18)	(19) <small>(16) x (17) + (18) x [1 - (17)]</small>
119.1%	53.3%	28.7%	13.6%	0.9%	4.7%

Date: ____10/10/2007____

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WORKERS' COMPENSATION
LOSS COST FILING DOCUMENT COVER FORM
INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION
PROSPECTIVE LOSS COSTS

INSURER NAME __Nationwide Agribusiness Insurance Company_____

ADDRESS __1100 Locust Street_____
____Dept 3030_____
____Des Moines IA 50391-3030 _____

1 PERSON RESPONSIBLE FOR FILING____Terry Hopkins _____

TITLE__State Filing Analyst_____TELEPHONE # __ (515) 508-3568_____

2 INSURER NAIC # ____140-28223_____

3 ADVISORY ORGANIZATION __NCCI_____

5A. PROPOSED RATE LEVEL CHANGE ____+2.1__ % _ EFFECTIVE DATE__01/01/2008_____

5B. PROPOSED PREMIUM LEVEL CHANGE* __+2.1 % _ EFFECTIVE DATE__01/01/2008_____

6A. PRIOR RATE LEVEL CHANGE ____-8.3_____ % EFFECTIVE DATE __09/01/2007 _____

6B. PRIOR PREMIUM LEVEL CHANGE* ____-8.3__ % EFFECTIVE DATE __09/01/2007 _____

7. ATTACH "NAIC LOSS COST FILING DOCUMENT—WORKERS' COMPENSATION"

(Attach this document separately for each insurer selected loss cost multiplier.)

* The premium level change is the change in the insurer's annual collectible premium.

W:\RESEARCH\LossCost (Current)\WCcoverLC2-27-06.DOC

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	A-2007THOS-76KHJC
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

☒ **Loss Cost Reference Filing** _____ ☐ **Independent Rate Filing**
 (Advisory Org, & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

- ☒ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

Note: Some states have statutes that prohibit this option for some lines of business.

- ☐ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? _____

If no, complete a copy of this form for each affected class with appropriate justification.

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
(Check One)

- ☐ Without Modification (factor = 1.000)
☒ With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 0.923

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio.

(Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions	
A.	Total Production Expense	17.7	%
B.	General Expense	5.1	%
C.	Taxes, Licenses & Fee	2.7	%
D.	Underwriting profit & contingencies*	2.0	%
E.	Other (explain)		%
F.	Total	27.5	%
* Explain how investment income is taken into account			

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	72.5
B.	ELR in Decimal Form =	0.725

NAIC LOSS COST FILING DOCUMENT—*FOR WORKERS' COMPENSATION*

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.005
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	0.978
8.	Company Formula Loss Cost Multiplier [3B / ((7 – 4F) X 6)]	1.306
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.306

Yes No

10. Are you amending your minimum premium formula?

☒

If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.

11. Are you changing your premium discount schedules?

☐

☒

If yes, attach schedules and support, detailing premium or rate level changes.

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	A-2007THOS-76KHJC
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

☒ **Loss Cost Reference Filing** _____ ☐ **Independent Rate Filing**
 (Advisory Org, & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

- ☒ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

Note: Some states have statutes that prohibit this option for some lines of business.

- ☐ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? _____

If no, complete a copy of this form for each affected class with appropriate justification.

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
(Check One)

- ☐ Without Modification (factor = 1.000)
☒ With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 0.836

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio.

(Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions	
A.	Total Production Expense	17.7	%
B.	General Expense	5.1	%
C.	Taxes, Licenses & Fee	2.7	%
D.	Underwriting profit & contingencies*	2.0	%
E.	Other (explain)		%
F.	Total	27.5	%
	* Explain how investment income is taken into account		

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	72.5
B.	ELR in Decimal Form =	0.725

NAIC LOSS COST FILING DOCUMENT—*FOR WORKERS' COMPENSATION*

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.005
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	0.978
8.	Company Formula Loss Cost Multiplier [3B / ((7 – 4F) X 6)]	1.183
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.183

Yes No

10. Are you amending your minimum premium formula?

☒

If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.

11. Are you changing your premium discount schedules?

☐
☒

If yes, attach schedules and support, detailing premium or rate level changes.

Date: ____10/10/2007____

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WORKERS' COMPENSATION
LOSS COST FILING DOCUMENT COVER FORM
INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION
PROSPECTIVE LOSS COSTS

INSURER NAME __ Farmland Mutual Insurance Company _____

ADDRESS __ 1100 Locust Street _____
____ Dept 3030 _____
____ Des Moines IA 50391-3030 _____

1 PERSON RESPONSIBLE FOR FILING __ Terry Hopkins _____

TITLE __ State Filing Analyst _____ TELEPHONE # __ (515) 508-3568 _____

2 INSURER NAIC # __ 140-13838 _____

3 ADVISORY ORGANIZATION __ NCCI _____

5A. PROPOSED RATE LEVEL CHANGE __ +12.1__ % _ EFFECTIVE DATE __ 01/01/2008 _____

5B. PROPOSED PREMIUM LEVEL CHANGE* __ +12.1 % _ EFFECTIVE DATE __ 01/01/2008 _____

6A. PRIOR RATE LEVEL CHANGE __ +6.1 _____ % EFFECTIVE DATE __ 09/01/2007 _____

6B. PRIOR PREMIUM LEVEL CHANGE* __ +6.1__ % EFFECTIVE DATE __ 09/01/2007 _____

7. ATTACH "NAIC LOSS COST FILING DOCUMENT—WORKERS' COMPENSATION"

(Attach this document separately for each insurer selected loss cost multiplier.)

* The premium level change is the change in the insurer's annual collectible premium.

W:\RESEARCH\LossCost (Current)\WCcoverLC2-27-06.DOC

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	A-2007THOS-76KHJC
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

☒ **Loss Cost Reference Filing** ☐ **Independent Rate Filing**
(Advisory Org, & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

- ☒ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

Note: Some states have statutes that prohibit this option for some lines of business.

- ☐ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? _____

If no, complete a copy of this form for each affected class with appropriate justification.

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
(Check One)

- ☐ Without Modification (factor = 1.000)
☒ With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.268

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio.

(Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions	
A.	Total Production Expense	17.7	%
B.	General Expense	5.1	%
C.	Taxes, Licenses & Fee	2.7	%
D.	Underwriting profit & contingencies*	2.0	%
E.	Other (explain)		%
F.	Total	27.5	%
* Explain how investment income is taken into account			

5.	A.	Expected Loss Ratio: $ELR = 100\% - 4F =$	72.5
	B.	ELR in Decimal Form =	0.725

NAIC LOSS COST FILING DOCUMENT—*FOR WORKERS' COMPENSATION*

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.005
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	0.978
8.	Company Formula Loss Cost Multiplier [3B / ((7 – 4F) X 6)]	1.795
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.795

Yes No

10. Are you amending your minimum premium formula?

☒

If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.

11. Are you changing your premium discount schedules?

☐

☒

If yes, attach schedules and support, detailing premium or rate level changes.

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	A-2007THOS-76KHJC
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

☒ **Loss Cost Reference Filing** _____ ☐ **Independent Rate Filing**
 (Advisory Org, & Reference filing #)

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1. Check one of the following:

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Note: Some states have statutes that prohibit this option for some lines of business.

- ☐ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? _____

If no, complete a copy of this form for each affected class with appropriate justification.

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
(Check One)

- ☐ Without Modification (factor = 1.000)
☒ With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.149

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio.

(Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions	
A.	Total Production Expense	17.7	%
B.	General Expense	5.1	%
C.	Taxes, Licenses & Fee	2.7	%
D.	Underwriting profit & contingencies*	2.0	%
E.	Other (explain)		%
F.	Total	27.5	%
	* Explain how investment income is taken into account		

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	72.5
B.	ELR in Decimal Form =	0.725

NAIC LOSS COST FILING DOCUMENT—*FOR WORKERS' COMPENSATION*

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.005
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	0.978
8.	Company Formula Loss Cost Multiplier [3B / ((7 – 4F) X 6)]	1.626
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.626

Yes No

10. Are you amending your minimum premium formula?

☒

If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.

11. Are you changing your premium discount schedules?

☐
☒

If yes, attach schedules and support, detailing premium or rate level changes.